MONTANA SECRETARY OF STATE

Brad Johnson

Elections Bureau (406) 444-5346 soselection@mt.gov

Fax: (406) 449-2418



Montana State Capitol 2nd Floor, Room 260 P.O. Box 202801 Helena, MT 59620-2801

Help America Vote Act (HAVA) Polling Place Accessibility Grant Application

Polling place name	County	
Polling place address		
Polling place city/town name	Number of Active/Inactive Vote	ers/
Have you completed an Accessibi	ility Checklist for Primary and General Election Polling nust do so prior to submitting a grant application.)	Yes No
Which part of the $Accessibility\ C$	Thecklist does this application address? (Example: A 9-11;	D 1, H 3, etc.)
List accessibility improvements	you intend to make and itemize costs:	
Amount of money requested for t	this polling place:	
	Explain what you will use to meet this requirement:	
Contact name and title		
Phone number	E-mail address	
Date submitted	Election Administrator's signature	
requires a 25 percent financial or in- awarded for polling places where acc	nited to \$5,000. Please complete one application per polling place. kind match. Counties may receive multiple grants and a second gracessibility improvements are still needed. ility Rights Montana at (406) 449-2344 or (800) 245-4743. E-mail	
	a copy of the Accessibility Checklist for the polling place to: ormerly Montana Advocacy Program)	